

Procedure Code	Procedure Code Description	Rate
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$8.16
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$8.16
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$4.71
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$15.48
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$7.96
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	\$15.20
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$44.17
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY OF INDIVIDUAL AT HIGH RISK	\$168.42
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARIUM ENEMA	\$78.02
G0107	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3 SIMULTANEOUS DETERMINATIONS	\$0.00
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALMOLOGIST	\$24.36
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM ENEMA	\$78.02
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	\$168.42
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$78.02
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$12.04
G0124	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL	\$12.04
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$15.48
G0151	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	\$15.50
G0152	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	\$15.50
G0153	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES	\$15.50
G0154	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES	\$15.50
G0156	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	\$3.91
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$108.90
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$49.18
G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY	\$29.00
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE- COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH	\$45.00
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE REQUIRING COMPLEX AND MULTIDISCIPLINARY	\$45.00
G0195	CLINICAL EVALUATION OF SWALLOWING FUNCTION	\$72.65
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$74.10
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$78.64
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	\$63.36
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY	\$35.09
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING	\$20.43
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF	\$22.08
G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICAL HEART VALVE(S) WHO MEETS MED	\$88.96
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WITH MECHANICAL HEART VALVE(S)	\$69.35

G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR A PATIENT WITH MECHANICAL HEAR	\$5.37
G0251	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGES AND CUSTOM PLUGGING	\$0.00
G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT)PER LIMB, ANY NERVE	\$43.96
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS, INCLUDING TRANSPERITONEAL PLACEMENT OF	\$0.00
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL OUTPATIENT DEPARTMENT THAT IS NO	\$0.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	\$0.00
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND	\$0.00
G0261	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS, INCLUDING TRANSPERINEAL PLACEMENT OF NEEDLES	\$0.00
G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE, EACH CELL LINE	\$0.00
G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE, EACH ALIQUOT	\$0.00
G0267	BONE MARROW OR PERIPHERAL STEM CELL HARVEST, MODIFICATION OR TREATMENT TO ELIMINATE CELL TYPE(S) (E.G. T- CELLS	\$0.00
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TES	\$25.18
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE, POST SURGICAL OR INTERVENTIONAL	\$0.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING 2ND REFERRAL IN SAME YEAR FOR	\$9.91
G0271	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION, GROUP, EACH ADDITIONAL 30 MINUTES	\$3.92
G0275	RENAL ARTERY ANGIOGRAPHY (UNILATERAL OR BILATERAL) PERFORMED AT THE TIME OF CARDIAC CATHETERIZATION, INCLUDES	\$7.43
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION, INCLUDES CATHETER PLACEMENT, I	\$7.43
G0281	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS	\$7.22
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281	\$0.00
G0283	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S), OTHER THAN WOUND CARE, AS PART	\$7.22
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING FOR VASCULAR SURGERY	\$221.26
G0289	ARTHROSCOPY, KNEE,SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$48.09
G0290	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARYSTENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUT	\$0.00
G0291	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARYSTENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEU	\$0.00
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	\$4.33
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$40.04

G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	\$287.10
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	\$385.35
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	\$632.62
G0344	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED	\$53.04
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME	\$7.02
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$92.67
G0366	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND	\$14.65
G0367	TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A COMPONENT OF	\$9.70
G0368	INTERPRETATION AND REPORT ONLY, PERFORMED AS A COMPONENT OF THE INITIAL	\$4.95
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE	\$4.95
G0375	SMOKING AND TABACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	\$11.76
G0376	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE GREATER THAN 10 MINUTES	\$7.02